File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



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Des Moines, Iowa 50319	FOR INSTRUCTIONS, SEE BACK OF FORM	7	ONG ALIC 2	I AM 8: 57
Fax: 515-281-4073	DISCLOSURE SUMMARY PAGE	٤.	כ טטא נשש.	1 40 0. 31
COMMITTEE NAME (Must be s	ne as on Statement of Organization)	┐,		
Walker for	SCC Trustee		FORM	
IMPORTANT: Indicate by # type of	mmittee you are reporting for: 7		DR-2 (Rev. 07/2007)	DISÇLOSURE
I (4)County Central Committee (5)C	ling for Retention Candidate (2) State PAC (3) State Party unty Candidate (6) City Candidate (7) School Board or Other Political		`	
Subdivision Candidate (8)County F 11) Local Ballot Issue	.C (9) City PAC (10) School Board or Other Political Subdivision PAC		For Office Use C	Only
CANDIDATE COMMITTEES OF	, Y :			
Candidate Name David A Walke:	Political Party (if applicable)			
		- }	Computer	
Office Sought Trustee	District (if Senate or House)		Audited	
				·
Late reports are subject to possible	ivil and criminal penalties. Pursuant to lowe Code sections 688.32A	(7) and 6		
SIGNATURE OF PERSON FILIN	319-752-8511 REPORT TELEPHONE	-	08/31	SIGNED
				
I AM FILING A Septemb	r 3, 2009 REPORT FOR (1) ELECTION	/(2)NON	N-ELECTION Y	EAR.
(repo	date) Indicate by #			
☐CHECK IF AMENDMENT TO I	EPORT DATED	Local Co	mmittees, enter D	ate of Election
) report and attach Notice of Dissolution Form DR-3, reports until a DR-3 is filed.)	County &	pt 8, 200 Local Committee	9 es, enter County In
,			es Moines	
	T OF CASH ON HAND		es Moines	
STATEMEI CASH ON HAND at the beginning committee. This amount	T OF CASH ON HAND of the reporting period. (Total of all funds held by the MUST be the same as the cash on hand at the end I or must be zero if this is first report filed.)	D		0
STATEMEI CASH ON HAND at the beginning committee. This amour of the last reporting periods.	of the reporting period. (Total of all funds held by the MUST be the same as the cash on hand at the end	D		0
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(incl	TIONS MOI	Bonal f	unds)		A MOI	NETARY CEIPTS
COMMITTE	E NAME (Must !	sam	e as on Statement of Organization)		CHECK TH	S BOX IF
	Walker	for	SCC Trustee		AMENDING	
OTE: ANY PE ESPONSIBILI	RSON, OTHER T TIES AND SHOU	AN AN	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION IT THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILAD INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO EDIATELY CONTACT THE BOARD.	YOUR CAMPAIG	N MAY HAVE FILII	VG
			Its the use of information copied from reports and statemer than statutory political committees.	ents for soliciting o	contributions or for	r a ny
DATE RECEIVED MM/DD/YR)	PAC ID NUN (If applicat AND PAC CI- NUMBER	n) l	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHI TO CANDIDATI (if applicable)	E RECEIVED	√ IF I FUN RAIS
3/06/09	CK# cast		David Walker 708 Terrace Drive Burlington, IA 52601	self	\$ 134.82	INCO
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"Disclosure law requires candidate com: taxes to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown a the third degree of consanguinity (blood relatives) and affinity (relatives by familiar relationship, enter "not applica" a "in the relationship column."

(for Schedule A)

\$134.82

FOR INSTRUCTION	NS. SEE	ACK OF	FORM
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/Aug		ı		4311) 4316
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EXPENDITURES - IONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTI
CANDIDATES, LIST THE CANDIDAT
PAC CHECK NUMBER FOR EACH E
ETHICS & CAMPAIGN DISCLOSURE

FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE
IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE
PENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA
30ARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

i	COMMITTEE NAME (Must be	ame as on Statement of Organization
	Walker for	W Managhan

	walker tor	C Trustee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/06/09	ID#	Central Printing 1109 Summer St. Burlington, IA 52601	Business cards	\$ 134.82
	CK#			
	1D#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (If last page of this schedule)	\$ 134.82

	Page f of 1
Expanditures to persons/entities pro Schedule G by the amount, purpose Schedule G instructions and lowa C	ding consulting, advertising, fund-raising, polling, menaging, organizing services must also be detail itemized on and date of each type of expanditure made by the person/entity on behalf of the candidate's committee. (Refer to 16 58A.402(3)(I).)
Purchases of certain campaign proc	rty costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)
THIS BOX APPLIES TO CANDID	TES' COMMITTEES ONLY: